

FY 2007-2008
GOVERNOR'S DISCRETIONARY GRANT APPLICATION
No Child Left Behind Act of 2001
Title IV, Part A, Subpart 1: Safe and Drug-Free Schools and Communities Act

APPLICANT DEMOGRAPHIC INFORMATION

| | | | |
|--|----------------------------|---|-----------------|
| 1. Applicant Agency (or agency serving as Fiduciary): | | | (ODCP Use Only) |
| Address: | City: | County: | Zip Code: |
| 2. Project Title: | Phone Number: | | |
| | 3a. Start Date of Program: | | |
| | 3b. End Date of Program: | | |
| 5. Program Area (check one): <input type="checkbox"/> #2006A – Summer 2007 Community Prevention Program <input type="checkbox"/> #2006B – Community Anti-Drug Coalition <input type="checkbox"/> #2006C – Community Prevention Program <input type="checkbox"/> #2006D – After-School Prevention Programs Serving Youth in High-Priority School Communities <input type="checkbox"/> #2006E – Out-of-School Youth Prevention Programs | | 4. Federal Employer Identification Number (FEIN): 6. Total Governor's Discretionary Grant funds requested: | |

7. Certification. We certify that the project proposed in this application meets applicable requirements of the Title IV, Part A: SDFSCA Governor's Discretionary Grant Program, that all information is correct, and that the applicant will comply with the provisions of all applicable state and federal laws.

| | | | |
|---|-----------|-----------------|---------------|
| 7a. Project Director (Name and Title): | | | |
| Project Director's Address: | City: | E-Mail Address: | Phone Number: |
| | Zip Code: | | FAX Number: |

| | | | |
|--|-----------|-----------------|---------------|
| 7b. Financial Officer (Name and Title): | | | |
| Financial Officer's Address: | City: | E-Mail Address: | Phone Number: |
| | Zip Code: | | FAX Number: |

| | | | |
|---|-----------|-----------------|---------------|
| 7c. Authorizing Official (Name and Title): | | | |
| Authorizing Official's Address: | City: | E-Mail Address: | Phone Number: |
| | Zip Code: | | FAX Number: |

LEGISLATIVE JURISDICTION

County(s) in which project will operate:

Provide the following information for the applicant. If the program will operate in more than one county or legislative district, only list the legislative information for the main office or program headquarters.

| | <i>District Number</i> | <i>Name of Elected Official</i> |
|-------------------------------|------------------------|---------------------------------|
| State House District | | |
| State Senate District Number | | |
| Congressional District Number | | |

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ASSURANCES AND LICENSING INFORMATION

Instructions: Please check the appropriate boxes below.

Program Assurances

By checking the options below you are assuring that 1) the drug and violence prevention programs funded under the Governor's Discretionary Grants convey a clear and consistent message that all acts of violence and the illegal use of drugs are wrong and harmful 2) any allocated funds will be used to increase, not supplant, the level of state, local, and other non-federal funds for drug and violence prevention programs and activities.

- ☐ **Yes**, all programs funded under the Governor's Discretionary Grant convey a clear and consistent message that all acts of violence and the illegal use of drugs are wrong and harmful.
- ☐ **Yes**, all allocated funds will be used to increase, not supplant, the level of state, local and other non-federal funds for drug and violence prevention programs and activities. The funds awarded under the Grants Program are used only to supplement the level of State, Local, and other non-Federal funds and not to replace funds that would have been available to conduct activities if SDFSCA funds had not been available.

Licensing Information

Applicants receiving awards must meet the licensing requirements administered by the Michigan Department of Community Health, initially promulgated under P.A. 368 of 1978.

To obtain a Prevention License, please access the following website: <http://michigan.gov.mdch>. Then click on:

- Health Systems & Health Profession Licensing
- Health Care Facilities and Programs
- Substance Abuse Program Licensure
- Application for a Substance Abuse License-Prevention Only

☐ **Yes** ☐ **No** Do you currently have a Prevention License to conduct a prevention program in Michigan?
If **No**, please answer the following questions:

☐ **Yes** ☐ **No** Have you applied for a State of Michigan Prevention License and currently waiting for the license?

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**STATEMENT OF NONPUBLIC SCHOOL PARTICIPATION FOR TITLE IV, PART A
SAFE AND DRUG-FREE SCHOOLS AND COMMUNITIES ACT**

Overview:

For school districts with eligible nonpublic schools, the Legislation requires "meaningful and timely consultation" with private school officials. This must occur during the design and development of the Applicant's program. The decision to participate in this funding should be determined, by the nonpublic school, **prior to submission of the application.**

The Applicant must assure that eligible nonpublic schools have been consulted in all phases of the development and design of the project including consideration of: (1) which students will receive benefits, (2) how the students' needs will be identified, (3) what benefits will be provided and (4) how the project will be evaluated. The Applicant shall maintain continuing administrative control and the direction over funds and property that benefit students enrolled in private schools.

Will your program be providing prevention services to youth in private or nonpublic schools?

☐ **Yes** ☐ **No**

If **Yes**, list below the schools participating in your program:

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |

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PROJECT DESCRIPTION

Instructions:

Provide a clear description of your prevention project. Please describe the prevention program, what you intend to accomplish during the grant period, the number of youth and parents you plan to directly serve, when and where the program will be conducted, and the types of other programs provided to enhance the prevention program. *(Limit response to 1-2 pages.)*

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NEEDS ASSESSMENT

Needs assessment information is collected prior to implementing a prevention program. Collecting and organizing data is instrumental to this process. Data should be collected from multiple sources and analyzed before identifying specific programs or performance measures. Raw data should be kept on file for local, state, or federal audits.

The decision to focus programs exclusively on a particular problem area should be based on the results of the needs assessment process, and should not precede collection and analysis of information on the nature and extent of the problem in a particular school or community. Applicants should use the results of their needs assessment to help them determine the appropriate programs or activities for implementation.

1) Identify the data sources, and provide the year used to complete the needs assessment.
(Check all that apply.)

☐ Law Enforcement Data (e.g. number of youth arrests, types of violations). **Year** ____

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NEEDS ASSESSMENT (cont'd)

☐ Juvenile Court Data (e.g. number of youth convictions, types of convictions). **Year** _____

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NEEDS ASSESSMENT (cont'd)

☐ Dropout Data

Year _____

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NEEDS ASSESSMENT (cont'd)

☐ Search Institute Asset Survey

Year _____

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NEEDS ASSESSMENT (cont'd)

☐ Local School Data on Drugs and Violence

Year _____

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NEEDS ASSESSMENT (cont'd)

☐ Local Department of Human Services

Year _____

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NEEDS ASSESSMENT (cont'd)

☐ Local Public Health Data

Year _____

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NEEDS ASSESSMENT (cont'd)

☐ Substance Abuse Coordinating Agency Data

Year _____

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NEEDS ASSESSMENT (cont'd)

☐ Community Mental Health Data

Year _____

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NEEDS ASSESSMENT (cont'd)

☐ Local School Delinquency and Discipline Data

Year _____

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NEEDS ASSESSMENT (cont'd)

☐ Other

Year _____

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NEEDS ASSESSMENT (cont'd)

2) Name of Data Source: Include an objective analysis of the delinquency and discipline problems for the youth to be served by the proposed prevention program. *(Limit response to ½ page.)*

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NEEDS ASSESSMENT (cont'd)

3) Based on your objective analysis, identify the primary drug or violence problem you plan to address in your proposed prevention program. *(Limit response to ¼ page.)*

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PROJECT DESIGN – PART I

Instructions: Complete the following items.

1. **Target Population:** Identify the target population and the extent to which the program is designed to address the needs of this target population. Include age levels and groups (out-of-school youth, parents, youth referred by the courts, etc.) to be served by your program. *(1 page limit)*

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PROJECT DESIGN – PART I (cont'd)

2. **Drug and/or Violence Prevention Program:** Describe the drug and/or violence prevention component of your proposed prevention program. Drug and/or violence prevention must be a part of your program application. *(1 page limit)*

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PROJECT DESIGN – PART II

Instructions: Complete the following items.

- 4. Evidence-Based Programs:** Prevention programs implemented must be based on evidence-based research that supports the proposed program or strategy, and will reduce violence and/or drug use. The purpose of this section is to document which programs will be utilized in attaining a specific outcome goal.

In sections I, II, or III below, please identify at least one evidence-based program you plan to implement.

I) U.S. DEPARTMENT OF EDUCATION

<http://www.ed.gov/admins/lead/safety/exemplary01/exemplary01.pdf>

U.S. Department of Education Exemplary Programs

- ☐ Athletes Training and Learning to Avoid Steroids (ATLAS)
- ☐ Striving Together to Achieve Rewarding Tomorrows (CASASTART)
- ☐ Life Skills Training
- ☐ Oregon Social Learning Center (OSLC) Treatment Foster Care
- ☐ Project ALERT
- ☐ Project Northland-Alcohol Prevention Curriculum
- ☐ Project Toward No Tobacco Use (T.N.T.)
- ☐ Second Step: A Violence Prevention Curriculum
- ☐ Strengthening Families Program: for Parents and Youth 10-14

U.S. Department of Education Promising Programs

- ☐ Aggression Replacement Training
- ☐ Aggressors, Victims, and Bystanders: Thinking and Acting to Prevent Violence
- ☐ All Stars (Core Program)
- ☐ Al's Pals: Kids Making Healthy Choices
- ☐ Child Development Project
- ☐ Community of Caring
- ☐ Creating Lasting Family Connections
- ☐ Facing History and Ourselves
- ☐ Growing Healthy
- ☐ I Can Problem-Solve (ICPS)
- ☐ Let Each One Teach One Mentor Program
- ☐ Linking the Interests of Families and Teachers (LIFT)
- ☐ Lions-Quest Skills for Adolescence
- ☐ Lions-Quest Working Towards Peace
- ☐ Michigan Model for Comprehensive School Health Education
- ☐ Minnesota Smoking Prevention Program
- ☐ Open Circle Curriculum
- ☐ Promoting Alternative Thinking Strategies (PATHS) Curriculum
- ☐ Peace Builders
- ☐ Peacemakers Program: Violence Prevention for Students in Grades Four through Eight
- ☐ Peers Making Peace
- ☐ Positive Action Program
- ☐ Preparing for the Drug-Free Years (PDFY)
- ☐ Primary Mental Health Project

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- ☐ Project STAR
- ☐ Responding in Peaceful and Positive Ways (RIPP)
- ☐ Say it Straight Training
- ☐ Scare Program
- ☐ Seattle Social Development Project Development Research and Programs, Inc.
- ☐ Students Managing Anger & Resolution Together (SMART) Team
- ☐ Social Decision Making/Problem Solving
- ☐ Teenager Health Teaching Modules
- ☐ The Think Time Strategy

II) Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention (CSAP)

www.modelprograms.samhsa.gov

Please identify the CASP program(s) you plan to utilize:

Center for Disease Control and Prevention

<http://www.cdc.gov/hiv/projects/rep/coompend.html>

National Institute of Drug Abuse

<http://www.nida.nih.gov/prevent/prevopen.html>

Office of Juvenile Justice and Delinquency Prevention

<http://www.colorado.edu/cspv/blueprints/index.html>

Office of the Surgeon General

<http://www.surgeongeneral.gov/library/youthviolence/chapter5/appendix5b.html>

III) Other Federally Recognized Programs

Name of Evidence-Based Program:

Identify Program Web Site:

Website URL (if available):

Comments: Please insert any additional comments in the following field. (*Limit response to ¼ page*)

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MANAGEMENT PLAN AND PROJECT ORGANIZATION – PART I

Instructions: Complete the following item.

1. **Management Structure:** Provide other management or agency information such as administrative oversight of the proposed prevention program. *(Limit response to ¼ page.)*

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MANAGEMENT PLAN AND PROJECT ORGANIZATION – PART II

Instructions: Please complete one page per staff member. If entering multiple staff members, enter information for the first staff member and click **Add**. The first staff member will be saved, and fields on the screen will clear allowing for another staff member to be added. Once the final staff member has been entered, click **Save**. To **Delete** a staff member, use the drop-down menu; navigate to that person and click **Go**. Click **Delete** to remove the staff member from the list.

2. **Project Staffing:** Complete the following information for each permanent or part-time employee listed on the Budget Detail page.

Name:

Title:

Qualifications: *(Limit response to ¼ page.)*

Responsibilities: *(Limit response to ¼ page.)*

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Prevention Expertise and Experience Working with Youth/Community Programs: *(Limit response to ¼ page.)*

Number of program hours per week: _____

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MANAGEMENT PLAN AND PROJECT ORGANIZATION – PART III

Instructions: Please complete one page per staff member. If entering multiple staff members, enter information for the first staff member and click **Add**. The first staff member will be saved, and fields on the screen will clear allowing for another staff member to be added. Once the final staff member has been entered, click **Save**. To **Delete** a staff member, use the drop-down menu, navigate to that person and click **Go**. Click **Delete** to remove the staff member from the list.

3. **Subcontractors:** Subcontractors are those individuals hired to provide a particular program-related service. **Note:** If the subcontractor has not been determined by the submission date of the application, you are required to submit the subcontractor information to the Office of Drug Control Policy for approval prior to subcontracting with that individual or organization.

Will you be funding a subcontractor to provide services for your program?

☐ **Yes** ☐ **No**

If **Yes**, please provide the following information:

Name:

Position Title:

Responsibilities: *(Limit response to ¼ page.)*

Prevention Expertise: *(Limit response to ¼ page.)*

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Knowledge and Experience Working with Youth/Community Programs: *(Limit response to ¼ page.)*

Number of program hours per week:

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COMMUNITY ADVISORY COUNCIL

All GDG grantees must have a Community Advisory Council in place to oversee the program and assist the program in a variety of ways. An Applicant may use the agency's current advisory council, a subcommittee of the advisory council, or establish a new advisory council for this grant.

Instructions: Please check all boxes, and other, if applicable.

- ☐ Review and provide comments on the Governor's Discretionary Grant application prior to submission.
- ☐ Disseminate information about drug and violence prevention programs conducted within the boundaries of the applicant's geographic area.
- ☐ On an ongoing basis, advise the applicant regarding how best to coordinate the applicant's Governor's Discretionary Grant funded activities with other related strategies, programs, and activities in the community and region.
- ☐ Review the program evaluation plan and results; also make recommendations to improve the applicant's drug and violence program.
- ☐ Other council activities (*Limit response to ¼ page.*)

The local advisory council should include, to the fullest extent possible, representatives of various community organizations and stakeholder groups.

Student(s)

Name: _____

Grade Level: _____

Name: _____

Grade Level: _____

Role: (*Limit response to ¼ page*)

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Teacher, Principal, Administrator or Education Representative

Name: _____ Title: _____

Role: *(Limit response to ¼ page)*

Senior Citizen

Name: _____ Title: _____

Role: *(Limit response to ¼ page)*

Juvenile Justice and/or Probate Court

Name: _____ Organization: _____

Role: *(Limit response to ¼ page)*

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Prevention Specialist

Name: _____ Organization: _____

Role: *(Limit response to ¼ page)*

Human Service Agency

Name: _____ Organization: _____

Role: *(Limit response to ¼ page)*

Community-Based Organization

Name: _____ Organization: _____

Role: *(Limit response to ¼ page)*

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Parent

Name: _____

Name: _____

Role: *(Limit response to ¼ page)*

Other

Name: _____

Name: _____

Role: *(Limit response to ¼ page)*

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PARENT INVOLVEMENT INFORMATION

In accordance with the federal statute, parents must be consulted and have an opportunity to provide input in the development of the application and implementation of the program funded by Title IV, Part A, Subpart 1: Safe and Drug-Free Schools and Communities Act. Although the statute doesn't specify how often consultation must take place, it does prescribe a meaningful and ongoing consultation and input process.

Instructions:

- 1) Identify parent(s) involved in the development and implementation of the proposed program and activities.

Parent(s)

Name: _____

Name: _____

Name: _____

- 2) Describe the parent input in the development of the application and implementation of the proposed program and activities. *(Limit response to ¼ page)*

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OUTCOME GOALS

The Federal Principles of Effectiveness require that programs implemented with SDFSCA funds be designed to prevent or reduce violence and illegal drug use. Performance measures must include goals that relate to reduced violence or drug use.

A minimum of one outcome goal is required for submission of the application; however, more than one outcome goal is allowed. The following buttons will assist you in the development of your goal(s):

- Click **Save**, upon completion of the following questions.
- Click **Add**, to enter more than one outcome goal.
- Click **Delete**, to delete the goal you are viewing.
- Click **Go**, to return to a saved goal.

- Click **View PDF**, to display your outcome goal statement in the appropriate format.
- Click **Help**, in the footer or header, to view an example of a good outcome goal.

1. **Goal Number**

Note: Every outcome goal must have a unique number to link the evidence based prevention program(s) you plan to implement. The goal number should be a whole number.

2. **What type of attitude or behavior will change?** *(Check only one box)*

- ☐ Drug use-behavior ☐ Violence-behavior
- ☐ Drug use-attitude ☐ Violence-attitude

3. **Who is expected to change?** The individuals selected below are the target population(s) for this specific goal:

Target Population

Estimated Number to Be Served

- ☐ Pre-Kindergarten _____
- ☐ Elementary Students (K-5) _____
- ☐ Middle School Students (6-8) _____
- ☐ High School Students (9-12) _____

School age youth not in school:

- ☐ Homeless _____
- ☐ Drop Outs _____
- ☐ Incarcerated _____
- ☐ Detention _____
- ☐ Other _____

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☐ Parents or Guardians

☐ Other (*please specify*)

4. What type of change is expected?

State whether an increase, decrease, or stabilization will occur and then describe the specific change that will take place.

Example: Drug use Attitude: increase perceived harm in alcohol use.

Example: Drug use Behavior: decrease use of tobacco and alcohol use.

5. What is the percentage of change you expect of the program participants? _____

6. When do you expect the change to occur? _____

7. Indicate the evidence-based prevention program(s) that will be implemented to achieve this outcome goal.

Enter the name exactly shown on the U.S. Dept. of Education Exemplary and Promising Programs, Substance Abuse and Mental Health Services Administration/Center for Substance Abuse Prevention, and other federal agencies having identified exemplary, promising, and model prevention programs. These programs are listed in Project Design – Part II if this application.

One program and implementation date is required. Up to four programs with implementation dates can be entered per goal.

Name of Program

Date of Implementation

8. Methods of Measurement: In order to determine whether an increase, decrease, or stabilization has resulted due to the implementation of the program, measurements must be taken prior to program implementation and upon completion of the program. All programs must measure progress in achieving their goals.

A pre-test and post-test is recommended. Comparing the results of the pre- and post-tests allows the amount of change to be identified.

Please check as appropriate:

☐ Valid and reliable pre/post test survey of target group participants (*e.g., Dr. Jim O'Neil Survey*)

Name of Instrument: _____

☐ Pre/Post test program record review (*e.g., student disciplinary records*)

Type of Review: _____

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☐ Valid and reliable interview protocol (recommended for participants 9 years old and younger)

Describe: _____

9. Pre-Program Data Collection: *(collect prior to program implementation)*

Who will collect the data?

When will the data be collected?

Where will the data be collected?

10. Post-Program Data Collection: *(collect at conclusion of program)*

Who will collect the data?

When will the data be collected?

Where will the data be collected?

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PROCESS GOALS (OPTIONAL)

Process evaluation determines program implementation and participation. These measures may include attendance data, participant feedback, and whether a program delivery adhered to implementation guidelines. Process data can reveal how a program was implemented and explain the success or failure of the program. *For example, if a program is designed to be delivered sequentially and with specific peer leaders, but the program was delivered out of sequence and with other leaders, one can gain a better understanding of why the program may have failed to achieve the desired effect.*

Please complete the following questions to develop a Program Implementation Process Goal or a Program Participation Process Goal.

- Click **View PDF** to display your progress goal statement in the appropriate format.
- Click **Help** in the header or footer, to view an example of a good process goal.

- Click **Add** to enter more than one process goal.
- Click **Delete** to delete the process goal you are viewing.
- Click **Go** to return to a saved process goal.
- Click **Save** to save the information.

1. **Process Goal Number:** ____
2. **When do you expect to achieve this process goal?** (mm/dd/yyyy) _____
3. **Who will be the program facilitators/presenters?**

4. **What is the number of program lessons you expect to implement by the date indicated in question #2?** _____
5. **What Specific topics will be covered in the program(s)?**

6. **Indicate the evidence-based prevention program(s) that will be implemented to achieve this process goal.**

Enter the name exactly shown on the U.S Dept. of Education Exemplary and Promising Programs, Substance Abuse and Mental Health Services Administration/Center for Substance Abuse Prevention, and other federal agencies having identified exemplary, promising, and model prevention programs. These programs are listed in Project Design – Part II if this application.

One program and implementation date is required. Up to three programs with implementation dates can be entered per goal.

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Name of Program

Date of Implementation

7. How many participants are expected to receive the program(s) by the "date indicated" in question #2? _____

8. What is the average number of participants expected to attend the program?

9. Who is the targeted population?

Targeted Population

Estimated Number to be served

☐ Pre-Kindergarten

☐ Elementary Students (K-5)

☐ Middle School Students (6-8)

☐ High School Students (9-12)

School age youth not in school:

☐ Homeless

☐ Drop Outs

☐ Incarcerated

☐ Detention

☐ Other

☐ Parents or guardians

☐ Other (*please specify*)

10. Data Collection

Who will collect the process data?

When will the process data be collected?

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EVALUATION

Instructions:

Under Title IV, Part A, all prevention programs funded with SDFSCA dollars must evaluate the Outcome Goal to assess its progress towards reducing violence and illegal drug use based on the performance measures.

1. Evaluation Plan

Describe how you plan to evaluate your goal(s) and how you will determine effectiveness of your prevention program.

2. Responsibility for Program Evaluation (*check at least one box*)

☐ The goal(s) will be evaluated by the agency implementing the prevention program. The agency assumes responsibility and will perform the evaluation tasks.

☐ The goal(s) will be evaluated by a subcontracted individual or agency that has not been determined at this time. (The program is required to submit this information to the Office of Drug Control Policy for approval prior to subcontracting with an individual or agency.)

☐ The goal(s) will be evaluated by a subcontracted individual or agency and assumes responsibility for data collection and evaluation.

Subcontractors name: _____

Address: _____

City: _____

State: _____

Zip Code: _____ - _____

Subcontractors Expertise: (*Limit response to ¼ page.*)

3. Evaluation Results

Describe how you plan to use the evaluation results to refine, improve, and strengthen the prevention program(s). Also, describe how the results will be made available to the public and that results can be obtained upon request. (*Please limit your response to ¼ page.*)

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CONTINUATION FUNDING

Instructions: Please complete the following question.

Are you applying for a continuation award for an existing program funded with the Governor's Discretionary Grant funds?

☐ **Yes** ☐ **No**

If **Yes**, please describe the past and present achievements, data results and effect the program has had on reducing violence and preventing drug use. Provide the statistical data and evaluation results to support these achievements. *(Limit your response to 2 pages.)*

FY 2007-2008
Governor's Discretionary Grants

No Child Left Behind Act of 2001

Title IV, Part A, Subpart 1: Safe and Drug-Free Schools and Communities Act

BUDGET ITEM SUMMARIES

Instructions: Please describe the following budget items as applicable.

Please provide an explanation of the **Salaries and Wages** for the Total Expenditures.

Please provide an explanation of the **Fringe Benefits** for the Total Expenditures.

Please provide an explanation of **Travel** for the Total Expenditures.

Budget Item Summaries (cont'd)

Please provide an explanation of the Supplies and Materials for the Total Expenditures.

Please provide an explanation of the Contractual (Subcontracts) for the Total Expenditures.

Please provide an explanation of the ***Other Expenses*** for the Total Expenditures.

PROGRAM BUDGET SUMMARY
BYRNE MEMORIAL FORMULA AND LOCAL LAW ENFORCEMENT BLOCK GRANT
FY

| | | | | | |
|------------------|--------|-----------|---|-------|-------------------|
| Program: | | | Date Prepared: | Page: | Of: |
| Contractor Name: | | | Budget Period: | | |
| Mailing Address: | | | Budget Agreement: <input type="checkbox"/> Original <input type="checkbox"/> Amendment | | Amendment Number: |
| City: | State: | Zip Code: | Payee Federal ID Number: | | |

| EXPENDITURE CATEGORY | | STATE FUNDS | LOCAL MATCH | | TOTAL BUDGET |
|----------------------|----------------------------------|-------------|-------------|--|--------------|
| 1. | Salaries and Wages | | | | |
| 2. | Fringe Benefits | | | | |
| 3. | Travel | | | | |
| 4. | Supplies and Materials | | | | |
| 5. | Contractual (Subcontracts) | | | | |
| 6. | Equipment | | | | |
| 7. | Other Expenses | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 8. | TOTAL DIRECT EXPENDITURES | | | | |
| 9 | Indirect Costs: _____ % | | | | |
| | | | | | |
| 10. | TOTAL EXPENDITURES | | | | |

| SOURCE OF FUNDS | | STATE FUNDS | LOCAL MATCH | | TOTAL BUDGET |
|-----------------|----------------------|-------------|-------------|--|--------------|
| 11. | Fees and Collections | | | | |
| 12. | State Agreement | | | | |
| 13. | Local | | | | |
| 14. | Federal | | | | |
| 15. | Other (s) | | | | |
| | | | | | |
| | | | | | |
| 16. | TOTAL FUNDING | | | | |

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

PROGRAM BUDGET COST DETAIL

Page

of

| | | | | | |
|---|-----------------------|--|----------------|-----------------------|----|
| PROGRAM | CODE | BUDGET PERIOD to | | DATE PREPARED | |
| | ORIGINAL BUDGET | | AMENDED BUDGET | AMENDMENT NUMBER | |
| 1. SALARY AND WAGES | POSITIONS REQUIRED | TOTAL SALARY | COMMENTS | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| TOTAL SALARIES AND WAGES | | | | | |
| 2. FRINGE BENEFITS (specify) | | <input type="checkbox"/> FICA <input type="checkbox"/> LIFE INS. <input type="checkbox"/> DENTAL INS <input type="checkbox"/> COMPOSITE RATE <input type="checkbox"/> UNEMPLOY INS. <input type="checkbox"/> VISION INS. <input type="checkbox"/> WORK COMP AMOUNT _____ % <input type="checkbox"/> RETIREMENT <input type="checkbox"/> HEARING INS. <input type="checkbox"/> HOSPITAL INS. <input type="checkbox"/> OTHER | | TOTAL FRINGE BENEFITS | \$ |
| 3. TRAVEL (specify if any item exceeds 10% of Total Expenditures) | | | | \$ | |
| 4. SUPPLIES AND MATERIALS (specify if any item exceeds 10% of Total Expenditures) | | | | \$ | |
| 5. CONTRACTUAL (SUBCONTRACTS) | | | | \$ | |
| <u>NAME</u> | <u>ADDRESS</u> | <u>AMOUNT</u> | | | |
| 6. EQUIPMENT (specify) | | | | \$ | |
| 7. OTHER EXPENSES (specify if any item exceeds 10% of Total Expenditures) | | | | \$ | |
| 8. TOTAL DIRECT EXPENDITURES (sum of Totals 1-7) | | | | \$ | |
| 9. INDIRECT COST CALCULATIONS | | | | \$ | |
| Rate | | | | \$ | |
| 10. TOTAL EXPENDITURES (sum of lines 8-9) | | | | \$ | |